Entered - 12/01/00 - sb CL00L0734 - ALEXIS HOLMES

 $01-\mathcal{L}$ -0556

CLAIM OF: TIMALEY DUFFIE,

through her attorney, Joshua A. Millican

The Grant Building, Suite 600

44 Broad Street, NW Atlanta, Georgia 30303

For damages alleged to have been sustained as a result of a vehicular accident on May 27, 2000 at Moreland Avenue, SE and Arkwright Place, SE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to TIMALEY DUFFIE, through her attorney, Joshua A. Millican the sum of \$1,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular accident on May 27, 2000 at Moreland Avenue, SE and Arkwright Place, SE as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>00L0734</u>	Date: <u>March 28, 2001</u>
Claimant /VictimTIMALEY DUFFIE	
BY: (Atty) Joshua A. Millican	
Address: The Grant Building Suite 6	600, 44 Broad Street, NW, Atlanta, Georgia 30303
Subrogation: Claim for Property damage	5 <u>5,348.00</u> Bodily Injury \$ <u>3,077.10</u>
Date of Notice: 11/16/00 Method: V	Written, proper X Improper
Conforms to Notice: O.C.G.A. 836-33-5	X Ante Litem (6 Mo.) X
Date of Occurrence 05/27/00 P	lace: Moreland Avenue, SE and Arkwright Place, SE
Department Police	Division.
Employee involved Howie B. Miller	Division: Disciplinary Action: Letter of Reprimand
NATURE OF CLAIM: The driver of the City vehice	cle ran and red light and struck the claimant's vehicle causing
damages in the above amounts.	
INVESTIGATION:	
Statements: City employee Claimant	Others Oral
Pictures Diagrams Reports: Po	lice X Dept Report Other
Traffic citations issued: City Driver X	Claimant Driver Other
Citation disposition: City Driver	Claimant Driver
Charlon disposition. City Driver	Claimant Differ
BASIS OF RECOMMENDATION:	
Function: Governmental X	Ministerial Other Damages reasonable
Improper Notice More than Six Months	Other Damages reasonable
City not involved Offer re	jected Compromise settlement X
Repair/replacement by Ins. Co.	Repair/replacement by City Forces X Joint Claim Abandoned
Claimant Negligent City Negligent	X Joint Claim Abandoned
	Respectfully submitted,
	-
	alexis Holmes
	10 4/2
	alles Holmon
	INVESTIGATOR - ALEXIS HOLMES
RECOMMENDATION;	
Pay \$ 1,000.00 Adverse	Account charged: 1A01_X 2J012H01
Pay \$ 1,000.00 Adverse Claims Manager:	Account charged: 1A01 X 2J01 2H01 2H01 Concur/date 03-29-0/
Committee Action	Council Action
Committee Actions	Council Action
FORM 23-61	

	•			(A)	11/1
•				•	Holnes
COUNCIL OF MUNICIPAL	THE CITY OF ATLAN	ITA 1-6	}	RE: CLAIM FO	OR DAMAGES /1/28/
City Hall	LLEKK		•	Fodevis Date:	11/13/00 DV
55 Trinity Aven Atlanta, Georgia	-			TOURY & Date:	17.900
Dear Municipal	Clerk:	-16-00A10:27 R	CVD ENTERED 00L0734	- 12-1-00 - - ALEXIS HO	SB LMES
This is to notify	the City of Atlanta that I h	ave suffered damages	in the amount sum of	s 5,348.	80 prope
	bodily in				
. Date of incid	ent: May 27, 3 (month/day/ ye	2. Time	of Incident: 06. 2	3. Police	called: Y
I ocesion of i	naident (including etweet	Man elun:	1 Ave SE at	it interesses	Yes No
. Događoji di il	incident (titethant 2 3 acct 20	Sulland	and	Ailan	lion with Arkmaight
. Name of you	insurance company:	JOUTNERN Gen	ekal	Policy No	1. AC10-123-25
. State what an	d how incident occurred:	An Atlani	ta Police Depart	ment vehicl	e went through a
Red 1	ight causing a	collision with	Elaimonts v	rohicle	
RESULTIN	YOUR CLAIM BEING	DENIED AND MAY	RESULT IN CRIM	INAL PROSECT	
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JOSHUA A. MILLICAN

(404) 522-5685

ATTORNEY AT LAW
THE GRANT BUILDING, SUITE 600
44 BROAD STREET, N.W.
ATLANTA, GEORGIA 30303

FAX (404) 522-9933

November 13, 2000

Council of the City of Atlanta Municipal Clerk City Hall 55 Trinity Avenue, SW Atlanta, GA 30335

RE:

My Client:

Ms. Timaley Duffie

Your Insured:

Atlanta Police Department

Responsible Party:

Howie B. Miller

Date of Loss:

5/27/00

Dear Sir or Madam:

Please be advised the undersigned represents Ms. Timaley Duffie regarding personal injuries and damages sustained by her as a direct result of an automobile collision caused by your insured on May 27, 2000. Accordingly, kindly direct all correspondence regarding this matter to this office and my personal attention.

Enclosed please find the original, completed Claim For Damages Form regarding this loss. Please be advised I have included an amount for bodily injury damages for Ms. Duffie's pain and suffering directly resulting from this collision. Additionally enclosed please find a billing statement in the amount of \$197.10 from Dekalb Medical Center for treatment rendered to Ms. Duffie immediately following this collision. Additionally, enclosed herewith for your review please find complete office notes and an itemized billing statement in the amount of \$2,880.00 from Syed T. Rahman, M.D., of Candler Pain Management Center, regarding my client's treatment for personal injuries she sustained in this loss.

Additionally, enclosed please find Georgia Uniform Motor Vehicle Accident Report #: 001480591, a copy of my client's most recent tag receipt, and two (2) property damage estimates regarding the damage to my client's vehicle.

Kindly acknowledge receipt of this correspondence at your earliest convenience.

I look forward to working with you toward resolution of this matter. Should you have any questions or wish to discuss this claim, please feel completely free to contact my office at your earliest convenience.

01- 2-0556

JAM/md Enclosures (As Indicated) cc: Ms. Timaley Duffie Very truly yours,

Joshua A. Millican